

# CCC Plan Update

Issue 1

June 2004

## **How Can You Get Involved:**

- Join the **Advisory Review Team!**
- What: Review final workgroup drafts and make recommendations on the priorities, strategies, action plans, and key indicators developed to ensure they adequately address the four cross-cutting issues (disparities, access/insurance, public policy, and evaluation).
- How: Each reviewer will read the reports on their own and report back using a standardized form.
- Time commitment: July 2004
- If you are interested in reviewing the CCC Plan, email Amy Ellestad at [ellesaj@dhfs.state.wi.us](mailto:ellesaj@dhfs.state.wi.us)

## **Upcoming Dates**

<i>Workgroup Reports Due</i>	<i>July 1</i>
<i>Advisory Review of Workgroup Reports</i>	<i>July 2-16</i>
<i>Reports Revised, Review Feedback, and Incorporate into WG Reports</i>	<i>July 20-31</i>
<i>First Draft of the WI CCC Plan Written</i>	<i>August</i>

## **Workgroups Make Great Contribution, Complete Reports**



The six workgroups collaborating on the CCC Plan have made great strides the past few months and are now in the final stages to complete their reports on:

- Prevention
- Screening & Detection
- Treatment
- Quality of Life
- Palliative Care
- Data Collection & Reporting

Workgroup members from all over Wisconsin, contributing their valuable time and effort, have successfully brainstormed action plans and key indicators for the priorities and strategies to control cancer throughout the state. Members of the advisory review team are currently working with the workgroups to ensure the cross-cutting issues (disparities, access/insurance, public policy, and evaluation) are threaded throughout the plan.

Because of the guidance and strong leadership of the Steering Committee the planning process is focused and on schedule. The committee has demonstrated great enthusiasm and dedication to the creation of the state-wide plan.

### *What's next?*

The workgroup chairs will be presenting the reports to the Steering Committee by the first of July. The advisory reviewers will read, discuss, and edit the reports during early July. This fall drafts of the CCC Plan will be written. The plan will be reviewed and revised by many partners in the fall. By early 2005 the plan should be complete and the focus will shift towards implementation. Next spring the 2nd Statewide CCC Conference will take place to bring partners together to transition into implementation of the plan. Look for the date and place of the *Transition to Implementation Summit* in the next CCC Plan Update.

## **Diversity Partners Add Rich Ideas**

A group of community service and health care providers from Milwaukee and Racine met recently in Milwaukee to suggest ways the WI CCC Plan might address the disparate burden of cancer among Latinos, African Americans, and low-income older adults.

"We heard a number of very clear messages about what will work in these communities and what won't," said Meg Gaines, Co-Chair of the Cancer Control Plan Steering Committee. "Without insights from these communities, our plan

won't fly. This group told us that there are huge challenges—and huge opportunities to improve cancer control."

Participants identified inadequate coverage and a lack of culturally competent care as major reasons for cancer-related disparities. The group also produced recommendations that will inform Wisconsin's cancer control plan. They included:

- Build on existing resources in the community.
- Enlist well-known, respected spokespeople from the community.

**For more information:**

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**Check out the WI CCCP website for plan updates.**

**[http://dhfs.wisconsin.gov/dph\\_bcdhp/cancer/index.htm](http://dhfs.wisconsin.gov/dph_bcdhp/cancer/index.htm)**

## CROSS CUTTING ISSUES that are threaded throughout the WI CCC Plan:

**Disparities**– Work to eliminate the differences in the incidence, mortality, and related adverse health conditions that exist among specific population groups.

**Public Policy**– Include population-based and system changes through policy and advocacy.

**Access/Insurance**– Support equal access to services throughout the continuum of cancer for all Wisconsin residents.

**Evaluation**– Ensure the plan's components are measurable and can show a change over time.

*Bringing partners together from all over Wisconsin to build a strong CCC Plan*



*Each dot represents at least one partner from that area contributing to the CCC Plan.*

## Diversity Partners (cont).

- Use incentives to increase participation in preventive and screening services.
- Provide community-based screening.
- Identify funds to pay for cancer treatment for uninsured and underinsured.
- Respect the use of complementary medicine.
- Respect individuals' autonomy and wishes.

Additional listening sessions are being considered for other regions of the state and for other groups disproportionately affected by cancer. The information will be used to shape recommendations included in the statewide cancer control plan.

*Our thanks to Mary Ann Borman of United Migrant Opportunity Services, Linda Cieslik from the Milwaukee Department on Aging and the United Community Center for assistance with logistics!*

*Do you have questions about the listening session? Contact Mary Michaud, 608/661-0465, or [marymichaud@tds.net](mailto:marymichaud@tds.net).*

## Why does WI need a Comprehensive Cancer Control Plan?

In 2003, approximately 25,800 Wisconsin residents were diagnosed with cancer and almost 11,000 died from the disease.

**Vision:** Healthier people in Wisconsin by reducing the impact of cancer.

**Mission:** Create a consortium of public and private partners empowered to develop, implement, and promote a statewide coordinated approach to cancer control.

### Goals:

1. Reduce the risk of developing cancer.
2. Detect cancer at the earliest stage possible.
3. Promote access to quality comprehensive cancer care that meets or exceeds national guidelines and standards.
4. Optimize the health-related quality of life along the continuum of care for those affected by cancer and their support networks.
5. Improve consistency, coordination, and compliance of cancer data reporting and surveillance.

